

State of California

Application for Certification as a Certified Competent Conveyance Mechanic

This application for certification as a Certified Competent Conveyance (Elevator) Mechanic is **NOT** a license to perform work for which a contractor's license is required by the California Business and Professions Code or any other agency.

In order to be considered for certification, a person must have at least three (3) years work experience in construction, maintenance, service or repair of conveyances (see sections 3 and 3A), and must meet the additional qualifications in Section 5.

Applicants who apply after December 31, 2003, in addition to three (3) years work experience in the conveyance industry, are required to obtain one of the following (Section 5 must be completed):

- A passing score on a qualifying exam administered by the Division;
- A certificate of completion and have successfully passed an examination of a nationally recognized training program for the conveyance industry (e.g. National Elevator Industry Education Program (NEIEP) or equivalent);
- A certificate of completion of a registered apprenticeship program;
- A certificate or license from another state with equivalent requirements.

A General Certification or Limited Certification may be issued by verification of the information provided under Section 2, Certification Type of this application. The applicant must sign the application and a check or money order in the amount of two hundred and ten dollars (\$210) made out the Department of Industrial Relations for payment of fees must be included. All fees are non-refundable as provided by California Labor Code section 7311.4(b). An application, which is not properly completed, may delay the issuing of certification.

A certificate and a pocket certificate with photo will be issued when all application criteria have been met. This certification will be valid for 2 years and must be renewed with an application available from the Division.

Certified Competent Conveyance (Elevator) Mechanic (CCCM)

1. PERSONAL INFORMATION

First Name Middle Initial Last Name Drivers License number or other State issued ID # State

Home Address City

State Zip Code () ()
Phone Fax

Company Name Business Address

City State Zip Code

() ()
Phone Fax Email addresses

☐ Check to certify that applicant possesses a copy of the Elevator Industry Field Employee Safety Handbook.

2. CERTIFICATION TYPE

Applicant understands that this Certification does not permit the applicant to perform work for which any other license may be required by the California State Licensing Board or any other agency.

☐ **GENERAL CERTIFICATION.** This certification qualifies the applicant as a CCCM on all conveyances covered by California Labor Code, Part 3, Chapter 2. An applicant shall verify employment by attaching proof of employment (e.g. report of hours from the National Elevator Industry Benefit Plan (NEIBP)), and by fully completing the remainder of this application.

LIMITED CERTIFICATION. The applicant shall check the appropriate box or boxes, complete the entire application including the signature section and submit it to the Division. This certification limits the applicant to specific conveyances named in this section. Anyone with a limited certification, who works on conveyances beyond those for which he or she has been certified, may risk losing his or her certification.

- ☐ Escalator and Moving Walk
- ☐ Platform Lifts and Inclined Stairway Chair Lifts
- ☐ Special Access Elevators
- ☐ Vertical and Inclined Reciprocating Conveyors
- ☐ Automated People Movers as defined by ASCE 21
- ☐ Funiculars
- ☐ Other Automatic Guided Transit Vehicles on Guideways
- ☐ Belt Manlifts
- ☐ Dumbwaiters

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3. QUALIFICATION HISTORY

EXPERIENCE. Describe duties and dates of employment evidencing 3 years experience in the conveyance industry performing construction, maintenance, and service and repair of conveyances covered by Chapter 2 of Part 3 of Division 5 of the California Labor Code. This information shall be verified by present and previously licensed or certified conveyance companies (see Section 3A). Attach additional pages if necessary.

Most Recent Employer

From (mm/yy)	To (mm/yy)	Job title	
Hours per week	Total worked (years/months)	Company (Present employer)	CSLB No.
			CQCC No.
Supervisor	Phone	Address	
Description of Duties (Be specific to type of device.)			

Previous Employer

From (mm/yy)	To (mm/yy)	Job title	
Hours per week	Total worked (years/months)	Company (Previous employer)	CSLB No.
			CQCC No.
Supervisor	Phone	Address	
Description of Duties (Be specific to type of device.)			

Previous Employer

From (mm/yy)	To (mm/yy)	Job title	
Hours per week	Total worked (years/months)	Company (Previous employer)	CSLB No.
			CQCC No.
Supervisor	Phone	Address	
Description of Duties (Be specific to type of device.)			

Previous Employer

From (mm/yy)	To (mm/yy)	Job title	
Hours per week	Total worked (years/months)	Company (Previous employer)	CSLB No.
			CQCC No.
Supervisor	Phone	Address	
Description of Duties (Be specific to type of device.)			

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3A. EMPLOYER'S VERIFICATION OF EXPERIENCE

Verification of employment is required. Three years of employment as indicated in Section 3 shall be verified directly by current and previously licensed or certified conveyance companies, by completing this Section or through other acceptable employee records which need to be attached to this application. Without this verification the application cannot be processed.

I certify under penalty of perjury that the aforementioned employment experience is verified as true and accurate information.

Signature

Title

Date

Print Name

Company Name

I certify under penalty of perjury that the aforementioned employment experience is verified as true and accurate information.

Signature

Title

Date

Print Name

Company Name

I certify under penalty of perjury that the aforementioned employment experience is verified as true and accurate information.

Signature

Title

Date

Print Name

Company Name

I certify under penalty of perjury that the aforementioned employment experience is verified as true and accurate information.

Signature

Title

Date

Print Name

Company Name

4. EDUCATION AND TRAINING

Additional Information: Explain or list additional skills, aptitudes, educational courses, degrees, or certifications that may qualify you as a Certified Competent Conveyance Mechanic in the State of California. Include documentation showing evidence of this additional information. Attach additional pages if necessary.

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5. QUALIFYING REQUIREMENTS

Applicants shall meet the minimal work experience referenced in Section 3 **AND** shall meet one of the following requirements and attach the appropriate documentation.

5A. DIVISION EXAMINATION

Applicants qualifying through the Division examination process as allowed by California Labor Code, Part 3, Chapter 2, Section 7311.2 (b)(1)(B)(i), shall complete this section.

☐ Qualifying with Division examination

Desired location of examination:

☐ Anaheim

☐ Sacramento

Do you need reasonable accommodation to take this exam?

☐ Yes

☐ No

Have you ever applied for this examination before?

☐ Yes

☐ No

If Yes, give date. _____

An additional one hundred dollars (\$100) shall be submitted with this application. The additional fee is required to cover the costs of administration and processing of the examination.

5B. NEIEP OR EQUIVALENT EXAMINATION

Applicants qualifying through the NEIEP or Equivalent examination process as allowed by California Labor Code, Part 3, Chapter 2, Section 7311.2 (b)(1)(B)(ii), shall complete this section, and attach documentation.

☐ Certificate of completion and verification of passing the mechanic examination of a nationally recognized training program for the conveyance industry such as the National Elevator Industry Educational Program.

Name of Program _____ Certificate number _____

5C. COMPLETION OF APPRENTICESHIP PROGRAM

Applicants qualifying through the Apprenticeship and Training process as allowed by California Labor Code, Part 3, Chapter 2, Section 7311.2 (b)(1)(B)(iii), shall complete this section, and attach documentation.

☐ Certificate of completion of an apprenticeship program for conveyance mechanics registered with the Bureau of Apprenticeship and Training of the United States Department of Labor or a state apprenticeship council having standards substantially equal to or more comprehensive than California.

Name of program _____ Certificate number _____

5D. RECIPROCITY FROM ANOTHER STATE

Applicants qualifying with a license from another state as allowed by California Labor Code, Part 3, Chapter 2, Section 7311.2 (b)(1)(B)(iv), shall complete this section, and attach documentation.

☐ A certificate or license from another state having standards substantially equal to or more comprehensive than the Division of Occupational Safety and Health.

State _____

License number _____

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6. APPLICANT SIGNATURE

I certify under penalty of perjury that the information on this application is true and complete to the best of my knowledge. I further understand that any false, incomplete, or incorrect statements may result in my disqualification from the certification process.

The application fee for the initial biennial Certification shall be two hundred ten dollars (\$210.00), Title 8, California Code of Regulations, Section 344.30. The fee shall be attached to this application as a check made out to the Department of Industrial Relations, Elevator Safety Account. An additional fee of one hundred dollars (\$100.00) shall be attached if the examination in Section 5A is requested. Renewal of this certification will be considered upon submittal of a completed renewal application available from the Elevator and Tramway Unit. All fees are non-refundable as provided by California Labor Code section 7311.4(b).

Two passport photos must be enclosed with this application. Digital format on CD-ROM or Floppy Disk will be accepted as preferred. An image of the applicants signature will be used on a State of California issued ID card.

Note: A person certified as a CCCM shall not hold concurrent certification as a CQCI.

Applicant Signature (Please keep signature within box)

Date

Completed applications may be returned to the following address:

State of California
Division of Occupational Safety and Health
Elevator, Ride and Tramway Unit, Certification Section
2424 Arden Way Suite 300
Sacramento, CA 95825
Phone: (916) 274-5709
Fax: (916) 263-1957